

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT      Northern District of Texas		PROOF OF CLAIM
Name of Debtor:  McClain Feed Yard, Inc.	Case Number:  23-20084-rlj7	<div style="text-align: center;"><b>COURT USE ONLY</b></div> <div><input type="checkbox"/> Check this box if this claim amends a previously filed claim.</div> <div>Court Claim Number: _____ (If known)</div> <div>Filed on: _____</div> <div><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</div>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property):  Riley Livestock, Inc.		
Name and address where notices should be sent: Steven L. Hoard P.O. Box 31656 Amarillo, TX 79120-1656  Telephone number: (806) 337-1112      email: shoard@mhba.com		
Name and address where payment should be sent (if different from above): Riley Livestock, Inc. attn: Mary Ann Hunter P.O. Box 663 Mayfield, KY 42066  Telephone number: (270) 345-2303      email: maryann@rileylivestock.com		
1. Amount of Claim as of Date Case Filed:      \$ <u>694,059.28</u>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Conversion of cattle; unpaid cattle seller; fraud</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____% <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)  Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.  <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).</div><div><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).</div><div><input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).</div></div> <div style="text-align: right;">Amount entitled to priority: \$ _____</div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).</div><div><input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).</div><div><input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).</div></div>		
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

**EXHIBIT**

**B**

B10 (Official Form 10) (04/13)

2

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

**8. Signature:** (See instruction #8)

Check the appropriate box.

☐ I am the creditor. ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Steven L. Hoard

Title: Attorney

Company: Mullin Hoard & Brown, LLP

Address and telephone number (if different from notice address above):  
\_\_\_\_\_  
\_\_\_\_\_

(Signature)

(Date)

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

*Penalty for presenting fraudulent claim:* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.*

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**4. Secured Claim:**

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).**

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

**8. Date and Signature:**

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS		INFORMATION
<p><b>Debtor</b> A debtor is the person, corporation, or other entity that has filed a bankruptcy case.</p>	<p>A claim also may be secured if the creditor owes the debtor money (has a right to setoff).</p>	<p><b>Acknowledgment of Filing of Claim</b> To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (<a href="http://www.pacer.psc.uscourts.gov">www.pacer.psc.uscourts.gov</a>) for a small fee to view your filed proof of claim.</p> <p><b>Offers to Purchase a Claim</b> Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 <i>et seq.</i>), and any applicable orders of the bankruptcy court.</p>
<p><b>Creditor</b> A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).</p>	<p><b>Unsecured Claim</b> An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.</p>	
<p><b>Claim</b> A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.</p>	<p><b>Claim Entitled to Priority Under 11 U.S.C. § 507 (a)</b> Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.</p>	
<p><b>Proof of Claim</b> A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.</p>	<p><b>Redacted</b> A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.</p>	
<p><b>Secured Claim Under 11 U.S.C. § 506 (a)</b> A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.</p>	<p><b>Evidence of Perfection</b> Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.</p>	

RILEY LIVESTOCK, INC.  
PO BOX 663  
MAYFIELD, KY 42066  
FAX 270-964-0034  
OFFICE 270-345-2302  
\*\*\*\*\*  
\* I N V O I C E \*  
\*\*\*\*\*  
( 00011 )

=====BILL TO=====: 1470  
MCCLAIN, BRIAN &  
824 MULLINS RD  
BENTON, KY 42025

=====SHIP TO=====: 1470  
MCCLAIN, BRIAN &  
824 MULLINS RD  
BENTON, KY 42025

APRIL 4, 2023

=====WEIGHT=====	=====P R I C E=====					
=====	=====	=====	=====	=====	=====	=====
HEAD	-AVG-	-GROSS-	PER/LB	PER/HD	=====GROSS=====	=====
18 STEER	333	5,995	241.18	803.26	14,458.74	
10 HFRS	259	2,590	255.75	662.39	6,623.93	
169 HF	412	69,590	231.33	952.56	160,982.55	
108 HFRS	494	53,305	205.05	1,012.05	109,301.90	
129 HFRS	577	74,490	187.48	1,082.59	139,653.85	
=====	=====	=====	=====	=====	=====	=====
434		205,970			431,020.97	

CERTIFICATION OF NON-PRODUCER STATUS FOR THE RESELLER CLAIMED ON\*\*\*434  
CATTLE PURSUANT TO 7CFR & 1260.116 AND 1260.314 D O N O T D E D U C T  
THE 2.00 PER HEAD BEEF PROMOTION ASSESSMENT. BEEF COUNCIL REGISTERED  
NO. KY-034 DATE: APRIL 4, 2023 SIGNED \_\_\_\_\_MARY ANN HUNTER

I ATTEST THAT ALL LIVESTOCK REFERENCED BY THIS DOCUMENT  
AND TRANSFERRED ARE OF USA ORIGIN. JEFF RILEY

DATE-\_\_ 4/04/23

04/07/2023  
985714039

This is a LEGAL COPY of your  
check. You can use it the  
same way you would use the  
original check.

RETURN REASON-S  
REFER TO MAKER

2023/05/40 1930201711  
88652848

REFER TO MAKER

McClain Farms Inc 824 Mullins Ln Benton, KY 42025-4702		Mechanics Bank Commitment That Lasts Generations www.mechanicsbank.com	7605
		4/5/2023	
PAY TO THE ORDER OF RILEY LIVESTOCK		\$ **431,020.97	
Four Hundred Thirty-One Thousand Twenty and 97/100			DOLLARS
RILEY LIVESTOCK			
MEMO		<i>Meagan A. Good</i> AUTHORIZED SIGNATURE	
⑈007605⑈ ⑆121102036⑆ 3505283070⑈			

⑈007605⑈ ⑆121102036⑆

3505283070⑈ ⑆10043102097⑈

RILEY LIVESTOCK, INC.  
PO BOX 663  
MAYFIELD, KY 42066  
FAX 270-964-0034  
OFFICE 270-345-2302  
\*\*\*\*\*  
\* I N V O I C E \*  
\*\*\*\*\*  
( 00071 )

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BENTON, KY 42025

====SHIP TO=====: 1470  
MCCLAIN, BRIAN &  
824 MULLINS RD  
BENTON, KY 42025

APRIL 14, 2023

====WEIGHT===== P R I C E=====

====	HEAD	-----	-AVG-	-GROSS-	PER/LB	PER/HD	====GROSS=====
	1	HF	415	415	186.46	773.81	773.81
	14	HFRS	478	6,690	228.58	1,092.29	15,292.00
	11	HFRS	580	6,375	188.09	1,090.07	11,990.74
====				=====			=====
	26			13,480			28,056.55

CERTIFICATION OF NON-PRODUCER STATUS FOR THE RESELLER CLAIMED ON\*\*\*\*26  
CATTLE PURSUANT TO 7CFR & 1260.116 AND 1260.314 D O N O T D E D U C T  
THE 2.00 PER HEAD BEEF PROMOTION ASSESSMENT. BEEF COUNCIL REGISTERED  
NO. KY-034 DATE: APRIL 14, 2023 SIGNED \_\_\_\_\_ MARY ANN HUNTER

I ATTEST THAT ALL LIVESTOCK REFERENCED BY THIS DOCUMENT  
AND TRANSFERRED ARE OF USA ORIGIN. JEFF RILEY

DATE-\_\_ 4/14/23

P.O. BOX 774  
OWENSBORO KY 42302-0774  
270.785.4121 \* 800.264.1453

R E C A P

✓  
IN

FOR=: 1975  
BRIAN MCCLAIN  
824 MULLLINS LANE

( MS )  
MCCLA

BUYER=: 1975  
MCCLAIN, BRIAN  
824 MULLLINS LANE

0000000

BENTON KY 42025  
4:32:46

BENTON KY 42025  
APRIL 10, 2023

===== G R O S S ===== ==A V E R A G E==									
----	PEN--	SUFIX	HED	WEIGHT	==AMOUNT==	WGH	PRI/LB	PRI/HED	OTHER
	41	41	1	415	747.00	415	180.00	747.00	
	13	46	14	6,690	14859.85	478	222.12	1061.41	
	12	56	11	6,375	11590.35	580	181.81	1053.66	
=====									
	26	13,480		27197.20	518	1046.04	=====		
GROSS---> \$27,197.20									

LEASE PAY GROSS AMOUNT!!!

PP SALE 4/27/23 @ 6:00PM

EUT AS AGENTS AND ARE NOT RESPONSIBLE FOR THE HEALTH OR LIFE OF ANY ANIMAL

ATTEST THAT ALL LIVESTOCK REFERENCED BY THIS DOCUMENT AND TRANSFERRED ARE OF  
SA ORIGIN. SIGNATURE-D FULKERSON DATE-04/10/23

RBF LIVESTOCK

Check Number 105222  
Check Date Apr 11, 2023

Invoice	Date	Discount Taken	Amount Paid	Quantity	Check Amount	Description
041123-26	4/11/23		27,197.20		\$27,197.20	

Apr 11, 2023

Twenty-Seven Thousand One Hundred Ninety-Seven and 20/100 Dollars

27,197.20

RBF LIVESTOCK  
PO BOX 774  
OWENSBORO, KY 42302

Memo: 26

RBF LIVESTOCK

Check Number 105222  
Check Date Apr 11, 2023

Invoice	Date	Discount Taken	Amount Paid	Quantity	Check Amount	Description
041123-26	4/11/23		27,197.20		\$27,197.20	



RILEY LIVESTOCK, INC.  
PO BOX 663  
MAYFIELD, KY 42066  
FAX 270-964-0034  
OFFICE 270-345-2302  
\*\*\*\*\*  
\* I N V O I C E \*  
\*\*\*\*\*  
( 00010 )

====BILL TO====: 1470  
MCCLAIN, BRIAN &  
824 MULLINS RD  
BENTON, KY 42025

====SHIP TO====: 1470  
MCCLAIN, BRIAN &  
824 MULLINS RD  
BENTON, KY 42025

APRIL 10, 2023

=====WEIGHT=====	=====P R I C E=====					
=====	=====	=====	=====	=====	=====	=====
HEAD	-AVG-	-GROSS-	PER/LB	PER/HD	=====GROSS=====	=====
42 HF	417	17,525	221.46	924.07	38,810.87	
114 HFRS	495	56,450	201.55	998.03	113,774.98	
74 HFRS	600	44,380	185.66	1,113.46	82,395.91	
=====	=====	=====	=====	=====	=====	=====
230		118,355			234,981.76	

CERTIFICATION OF NON-PRODUCER STATUS FOR THE RESELLER CLAIMED ON\*\*\*230  
CATTLE PURSUANT TO 7CFR & 1260.116 AND 1260.314 D O N O T D E D U C T  
THE 2.00 PER HEAD BEEF PROMOTION ASSESSMENT. BEEF COUNCIL REGISTERED  
NO. KY-034 DATE: APRIL 10, 2023 SIGNED \_\_\_\_\_ MARY ANN HUNTER

I ATTEST THAT ALL LIVESTOCK REFERENCED BY THIS DOCUMENT  
AND TRANSFERRED ARE OF USA ORIGIN. JEFF RILEY

DATE-\_\_ 4/10/23

Buyer#:4

BRIAN MCCLAIN  
824 MULLINS LANE  
BENTON KY 42025  
FAX:  
PHONE:

Auction Date: Tuesday, April 4, 2023

April 04, 2023 4:48 pm

Page 1 of 1

**\*\*\* RECAP \*\*\* SUMMARY \*\*\***

BUYER NUMBER	NUMBER HEAD	AVG WEIGHT	AVG / POUND	AVG / CWT	AVG / HEAD	TOTAL WEIGHT	TOTAL AMOUNT
4-41	30	439	2.19	219.10	963.66	13195	28,909.89
4-46	34	516	1.98	197.73	1,021.82	17570	34,742.01
4-56X	25	565	1.96	196.05	1,107.68	14125	27,692.10
4-56	11	568	1.89	188.83	1,072.88	6250	11,801.70
	100	511		201.69	1,031.46	51140	103,145.70

\* - Averages are after any additional charges

Total Head: 100

Total Weight: 51140

Total Refunds: 0.00

Additional Charges: 0.00

Total Purchases: 103,145.70

Total Sales Tax: 0.00

Payments Made: 0.00

**Grand Total:** **\$103,145.70**

**Amount Due:** **\$103,145.70**

Memo: 100MC

Delivery email: MADDIE@RILEYLIVESTOCK.COM

Payable to: LIVINGSTON COUNTY LIVESTOCK...

Amount: \$103,145.70

From: RILEY LIVESTOCK, INC.

Check number: VV4646

Issued date: 2023-04-05

For your records

Are you a business? To save time, money, and

resources, make payments using Deluxe Payment

Exchange. Call 1-877-333-6964 to get started today!

deluxe. PAYMENT EXCHANGE

### Questions? Visit [echecks.com](https://echecks.com) or call 1-877-333-6964

- To confirm this check was issued by the account holder and details (pay to, amount, routing/account number) remain unmodified, the item's authenticity can be verified using the Deluxe Inc. Check Verification service at <https://echecks.com/verify>.
  - This check was printed from an authorized check record. It is not a Check 21 Image Replacement Document.
- Does your financial institution have questions about this check?

<b>Step 1</b> Print the check	<input checked="" type="checkbox"/> Any printer works <input checked="" type="checkbox"/> Black or color ink <input checked="" type="checkbox"/> Basic white paper	<input checked="" type="checkbox"/> Correct if bank numbers are: Centered in white space Parallel to edge of the page Clearly printed in dark black ink <b>X</b> Reprint if bank numbers are: Cut off, skewed, or off-center Smudged or wrinkled Too light to read	<b>Step 2</b> Validate it printed correctly
<b>Step 3</b> Deposit like normal	1. Cut on the dotted line above 2. Endorse the back 3. Deposit like normal: In-person at a bank or credit union Using an ATM Via smartphone mobile deposit With an office check scanner		

How to use this check

Check appears upside down intentionally

Cut along this line

**RILEY LIVESTOCK, INC.**  
PO BOX 663  
PH (270) 345-2303  
MAYFIELD, KY 42066

This is a Deluxe eCheck. The PAY TO THE ORDER OF line designates the Payee. For questions, call Deluxe Payment Exchange customer support at 1-877-333-6964. Ref: E7D5-6843

**VV4646**

Date **04/05/2023**

Valid after 90 days

PAY TO THE ORDER OF **LIVINGSTON COUNTY LIVESTOCK, INC**

**\$ 103,145.70**

One hundred three thousand, one hundred forty-five and 70/100

Dollars

Rabobank Na

Memo 100MC

*MA. Hunter*

Verify check at <https://echecks.com/verify>

9172174336 02482221 9479100

P.O. BOX 774  
OWENSBORO KY 42302-0774  
270.785.4121 \* 800.264.1453

R E C A P

✓  
IN

FOR=: 1975  
BRIAN MCCLAIN  
824 MULLLINS LANE

MS  
MCCLA

BUYER=: 1975  
MCCLAIN, BRIAN  
824 MULLLINS LANE

0000000

BENTON KY 42025  
4:53:15

BENTON KY 42025  
APRIL 3, 2023

===== G R O S S ===== ==A V E R A G E==  
----PEN-- SUFIX HED WEIGHT ==AMOUNT== WGH PRI/LB PRI/HED OTHER -----  
12 41 12 4,330 9452.30 361 218.30 787.69  
13 46 58 27,535 56250.25 475 204.29 969.83  
77 46X 22 11,345 21288.80 516 187.65 967.67  
10 56 24 14,715 25538.50 613 173.55 1064.10  
78 56X 14 9,290 16232.50 664 174.73 1159.46  
=====  
130 67,215 128762.35 517 990.47 =====  
GROSS----> \$128,762.35

LEASE PAY GROSS AMOUNT!!!

HX YOU FOR YOUR BUSINESS

E ACT AS AGENTS AND ARE NOT RESPONSIBLE FOR THE HEALTH OR LIFE OF ANY ANIMAL

ATTEST THAT ALL LIVESTOCK REFERENCED BY THIS DOCUMENT AND TRANSFERRED ARE OF  
SA ORIGIN. SIGNATURE-D FULKERSON DATE-04/03/23

RBF LIVESTOCK

Check Number 105145  
Check Date Apr 4, 2023  
Check Amount \$128,762.35

Invoice	Date	Discount Taken	Amount Paid	Quantity	Description
040423-130	4/4/23		128,762.35		

Apr 4, 2023

One Hundred Twenty-Eight Thousand Seven Hundred Sixty-Two and 35/100 Dollars

128,762.35

RBF LIVESTOCK  
PO BOX 774  
OWENSBORO, KY 42302

Memo: 130

RBF LIVESTOCK

Check Number 105145  
Check Date Apr 4, 2023  
Check Amount \$128,762.35

Invoice	Date	Discount Taken	Amount Paid	Quantity	Description
040423-130	4/4/23		128,762.35		